MULTIPLE DEPENDENT CLAIM								SERIAL NO.				FILING DATE		
FEE CALCULATION SHEET							•	10/58/702						
(FOR USE WITH FORM PTO-675)								APPLICA	NT(S)	? 		<u> </u>		
	•						CLAIR	ue						
	· ARTER ARTER ()													
	as filed		1 AMENDMENT		3 AMENDMENT		1		AS FILED		AFTER 1° AMENDMENT		AFTER	
•	IND.	DEP.	IND.	DEP.	IND.	DEP.	1		IND.	DEP.				
1	1				M. 13.		1	51	HIND.	NAICIL.	IND.	DEP.	IND.	DEP.
2				2			1	52					 	
3	-]	53						
5	1		W				4	54						
6	1		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				-	55 56	 			<u> </u>		
7		H					1	57						
. 8							1	58						
10								59						
11	-}						4	60						
12					-		1	61						
13					1		1	63	(=		F-227-01	12.75		
14							1	64						
15 16		-						65						
17								66						
18							1	68						
19	تيب				. 4]	69						
20 21		-11					J	70						
22							∦ .	7 <u>1</u>						
23								73						
24		<u>- </u>		-	-			74						
26	╂──╂	-{}				· ·		75	·					
27								76						
28								78						
29 30	╂╾╌┥	-{}						79						
31		:		 }				80 81		∦.				
32								82			 -		$\stackrel{\cdot}{\longrightarrow}$	
33								83						
347 35								84						
36								85 86						
37.								87		 -		}		
<u>38</u>	<u></u>	<i>-</i> }						88						
40_		*						89						
41		1						90 91						
42							·	92						
44							(93						
45	-	/		-			1	94						
46	A	áA					ŀ	95 96		 -				
47		176					l	97			-+	}-		
48	V -	1						98			·			
\$0	1	 -					-	99		[
TOTAL	20			 -			.	100 TOTAL						
TOTAL		₽		₽		₽		END.		ひ		小		⊕
DEP.	32		<					DEP.	<	7	<			5
POTAL CLAIMS	30				6			TOTAL CLADAS	100					
2 70 - 13 60	(REV. 11/34)						_		· U.	R DEPARTM	ENT of COM	LMIERCZ		

BEST AVAILABLE COPY